

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66654-668 (P-LJ 4857)	
SERIAL NO: 09/910,582	FILING DATE: July 20, 2001	EXAMINER: M. Audet	GROUP ART UNIT: 1654 CONFIRMATION NO.: 3748
INVENTION: HEART HOMING CONJUGATES			

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 400 553 107 US
DATE OF DEPOSIT: December 19, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH
THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL, POST OFFICE TO
ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE
AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX-1450,
ALEXANDRIA, VIRGINIA 22313-1450.

Paul Choi
Printed Name of Person Mailing Paper or Fee
Paul Choi
Signature of Person Mailing Paper or Fee

RECEIVED

JAN 06 2004

Transmitted herewith is a Response to the Restriction Requirement mailed **TECH CENTER 1600/2900**
September 19, 2003, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	11	- 20	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	4	- 4	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$0.00	\$
						TOTAL ADDITIONAL FEE			\$0.00	\$

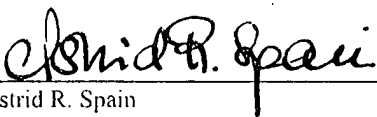
- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- ☒ Please charge my Deposit Account No. 502624 the amount of \$475.00 which covers the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

Inventors: Ruoslahti and MacKenna
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X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


Astrid R. Spain
Registration No. 47,956

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